



Teacher Input—Voice

Date:

School:

Date of birth:

Parent/guardian name:

Parent/guardian telephone:

Parent/guardian name:

Parent/guardian telephone:

SAU:

Grade:

Child's name:

Parent/guardian
address:

Parent/guardian
address:

Your observations of the above student's voice will help determine if a voice disorder exists and if it adversely affects educational performance. Check all items that have been observed. Please return the completed form to the Speech-Language Pathologist.

- 1.) Does the student project loudly enough to be adequately heard in your classroom?
- 2.) Does the student shout or speak with an excessively loud voice in the classroom or in other situations?
- 3.) Is the student's pitch and pitch variations during speaking appropriate to his/her age and gender?
- 4.) During speaking, does the student's pitch break up or down to the extent that this distracts from communication?
- 5.) Does the student lose his/her voice at the end of the day or after playground or other activities?
- 6.) Is the student's voice quality worse during any particular time of the day or after any particular activity? If so, when?
- 7.) Does the student's voice quality distract from communication?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Child's name:
Date:

- 8.) Have you observed the student talking loudly, shouting, screaming or imitating other voices? How often does this occur?
- 9.) Does the student often cough or clear his/her throat?
- 10.) Does the student or parents express concern about the student's voice?
- 11.) Does the student appear healthy or does the voice problem occur along with or directly after colds or allergies?
- 12.) Does the student shy away from verbal classroom activities because of the voice disorder?
- 13.) Does the student experience comments or bullying from other regarding his/her voice?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

It is my opinion that these behaviors:

- ☐ Do not adversely affect educational performance
- ☐ Do affect educational performance

Do you have any other observations relating to the communication skills of this student?

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Teacher Signature

Date

Adapted from *Standards for the delivery of speech-language services in Michigan public schools*
Michigan Speech-Language-Hearing Association (1985).

Updated 8/1/2012